



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
RODGER G. LUM, Ph.D., DIRECTOR

PAMELA B. SMITH
DIRECTOR

AGING & INDEPENDENCE SERVICES
LONG-TERM CARE OMBUDSMAN PROGRAM
9335 HAZARD WAY, SAN DIEGO, CALIFORNIA 92123-1222
(858) 560-2507 FAX (858) 694-2568

LONG TERM CARE OMBUDSMAN PROGRAM VOLUNTEER APPLICATION

Please print clearly:

Name: _____ Date: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ E-mail address: _____

Current Employer: _____
(Name of Employer and Telephone Number)

Birth date: _____ Driver's License # _____
(Month and day only)

Automobile Insurance Information: _____

Emergency Contact: _____
(Name, Relationship and Telephone Number)

1. What do you hope to accomplish as a volunteer with the LTCO program?

2. How did you first learn about volunteering with the LTCO program?

____ Newspaper ad ____ LTCO staff ____ LTCO volunteer ____ Poster
____ Brochure ____ Flyer ____ Radio ad ____ Other: _____

3. Are you willing and able to commit 20 hours a month of your time to work as a
volunteer with the Ombudsman Program? _____ YES _____ NO

4. Please list the days and times you are available:

Monday _____

Friday _____

Tuesday _____

Saturday _____

Wednesday _____

Sunday _____

Thursday _____

5. Briefly describe present or previous work experience: _____

6. Have you had experience with a Skilled Nursing Facility or a Residential Care Facility for the Elderly? ____ Yes ____ NO

If yes please describe your experience(s): _____

7. Do you have relatives or friends closely connected with a nursing home or residential care facility? ____ Yes ____ No

If yes please explain: _____

8. Please check the appropriate level of education achieved:

____ Grade School ____ High School ____ Technical Training

____ Some College ____ College Degree ____ Graduate Degree

9. Are you willing and able to make a one year commitment to volunteering with the Ombudsman Program? ____ Yes ____ No

10. List any previous volunteer experience that you have had. Please include the organization, your involvement and the length of time you volunteered:

11. Please list two references we may contact. (These should be teachers, employers, or other community members).

1. Name: _____ Relationship to you _____

Address: _____

How does this person know you? _____

2 . Name: _____ Relationship to you _____

Address: _____

How does this person know you? _____

12. Have you ever been convicted, fined or placed on parole or probation or been

Given a suspended sentence in court? _____ Yes _____ No

If yes, please explain: _____

Signature

Date

Please note:

- ♦ **All applicants wishing to volunteer with the Long Term Care Ombudsman Program must pass a criminal background screening.**
- ♦ **Volunteers need use of a vehicle for work assignments with proof of a valid drivers license and adequate auto insurance coverage.**
- ♦ **Volunteers with the Ombudsman Program may not have been employed by a long-term care facility within 12 months prior to certification.**